

Note: You have the right to have this form translated into your language.

State of Hawaii
Department of Labor and Industrial Relations
OFFICE OF LANGUAGE ACCESS

WITHDRAWAL OF PUBLIC COMPLAINT

Name (*Please Print*):

Complaint Number:

Nature of the complaint:

Date complaint was filed:

STATEMENT

I hereby withdraw my complaint against the (name of the state agency or organization)

_____.

I make this withdrawal voluntarily and of my own free will, without coercion or duress from anyone.

Signature of complainant

Date